

**INDIANA SMALL EMPLOYER INSURER VOLUNTARY
REINSURANCE PROGRAM
CARRIER CERTIFICATION OF 2003 EARNED PREMIUM FROM SMALL EMPLOYER
HEALTH BENEFIT PLANS**

This is an official inquiry of the Indiana Department of Insurance. The Commissioner requires that every insurer respond to this inquiry. The insurer should provide all information requested and return the signed Certification by **June 1, 2004**. Any insurer not responding to this inquiry or not responding in a timely manner may face disciplinary action.

- ☐ We certify that we do not sell small employer health benefit plans and have no in force small employer health benefit business.
- ☐ We certify that we do sell small employer health benefit plans, have in force small employer health benefit business, and are providing the requested information below.

Pursuant to Indiana Code IC 27-8-15.5-27, The Board shall annually determine each reinsuring carrier's proportion of the assessment for reinsurance under this chapter based on annual statements and other reports considered necessary by the Board and filed with the Board by the reinsuring carriers. Please note the definition of Health Insurance Premium and the allowed exclusions on the following page.

- (1) total premiums earned in the preceding calendar year from the small employer health benefit plans delivered or issued for delivery to small employer groups in this state; and
- (2) total premiums earned in the preceding calendar year from the newly issued small employer health benefit plans delivered or issued for delivery during the calendar year to small employer groups in this state.

Calendar Year 2003

Total Small Employer Earned Premium:	(1) _____
Newly Issued Small Employer Premium Included in (1) above:	(2) _____
Number of groups covered as of 12/31/2002	(3) _____
Number of covered lives as of 12/31/2002	(4) _____
Average Group Size	(5) _____

I, the undersigned officer of the carrier shown below, hereby affirm that the information provided herein was prepared under my supervision and that it is true and correct to the best of my knowledge and belief.

NAIC Number _____

Company Name _____

Company Address _____

Officer's Signature _____

Typed Name _____ Title _____

Phone Number _____ Fax Number _____

Please address all questions to William T. Walters, Pool Administrators Inc. (administrator for the INDIANA SMALL EMPLOYER INSURER VOLUNTARY REINSURANCE PROGRAM) at 1-800-628-7734.

THIS FILING WILL BE CONSIDERED FINAL UNLESS YOU NOTIFY THE INDIANA SMALL EMPLOYER INSURER VOLUNTARY REINSURANCE PROGRAM AND THE INDIANA DEPARTMENT OF INSURANCE IN WRITING WITHIN 60 DAYS OF THE NOTICE DATE. AFTER THIS DATE NO CHANGES OR AMENDMENTS WILL BE ACCEPTED.

DUE DATE: NO LATER THAN JUNE 1, 2004

To The Following Address:

**INDIANA SMALL EMPLOYER INSURER VOLUNTARY REINSURANCE PROGRAM
c/o Pool Administrators Inc.
100 Great Meadow Road, Ste. 112
Wethersfield, CT 06109**

If no response is received by the due date, the INDIANA SMALL EMPLOYER INSURER VOLUNTARY REINSURANCE PROGRAM will consider the premium reported on your 2003 Annual Statement to be your total premium in (1) above.

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**INDIANA SMALL EMPLOYER INSURER VOLUNTARY REINSURANCE
PROGRAM
PLAN OF OPERATION
Article XIII. Assessments**

H) Definition of Premium

Premium shall be the payments by the Small Employer Carrier earned under Small Employer Health Benefit Plans during the accounting period. It does not include premiums for the following coverages:

- 1. Accident-only;**
- 2. Credit, Dental, or vision insurance as separate policies or riders;**
- 3. Coverage issued as a supplement to liability insurance;**
- 4. Workers' compensation**
- 5. Individual Medicare Supplement;**
- 6. Automobile medical-payment insurance; and**
- 7. Insurance statutorily required in liability insurance**

Additionally, premium does not include premiums for policies or certificates of specified disease, hospital confinement indemnity or limited benefit health insurance, provided that the Small Employer Carrier offering such policies or certificates has certified that such policies or certificates are being offered and marketed as supplemental health insurance and not as a substitute for Small Employer Health Benefit Plans.